

ALL TIMESHEETS DUE TO ACCOUNTING BY

07/9/08 AT 9:00am



PAY PERIOD: 6/27/08 to 7/11/08		EMPLOYEE:		SUPERVISOR APPROVAL:														
PAYDAY: Tuesday, July 15, 2008																		
Study Name	Study Number	Client Code	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	TOTAL
Tacrolimus	C1177AC01MP		8			8												16
Tacrolimus	C1177AC02MP								8									16
Fentanyl	C204807001												8	8	8	8	8	8
Fentanyl	T0477101	100																40
Premium Hours:																		
Tacrolimus	C1177AC01MP																	16
Fentanyl	C204807001					4	4	8	4									20
Fentanyl	T0477101	100				4			4				4					44
Administrative:																		
Out of office (Appt. etc.)																		
Uncompensated time (if no sick or vac available)																		
Holiday																		8.00
Vacation																		
Sick Leave																		
Bereavement Leave																		
TOTAL HOURS			8			12	12	16	16				12	8	8	8	8	168
Extra Hours (unpaid)																		

BA - 0068

ALL TIMESHEETS DUE TO ACCOUNTING BY

07/24/08 AT 9:00am



PAY PERIOD: 7/12/08 to 7/26/08		EMPLOYEE:		SUPERVISOR APPROVAL:														TOTAL	
PAYDAY: Thursday, July 31, 2008																			
Study Name	Study Number	Client Code		12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	
Tolterodine	TOLT101	100																	32
Letrozole	10845603																		8
Doxifene	2071248	30																	24
Bendamidone	20801798	159																	8
Doxifene	2071248	80																	8
Premium Hours:																			
Tolterodine	TOLT101	100											4	12	12				56
Bendamidone	20801798	159																	32
Doxifene	2071248	30											8	4	8				12
Doxifene	2071248	80																	16
Administrative:																			
Tolterodine	TOLT101	8710																	8
Out of office (Appt. etc.)																			
Uncompensated time (if no sick or vac available)																			
Holiday																			
Vacation																			
Sick Leave																			
Bereavement Leave																			
TOTAL HOURS													20	24	28	16	8		204
Extra Hours (unpaid)																			

BA - 0069

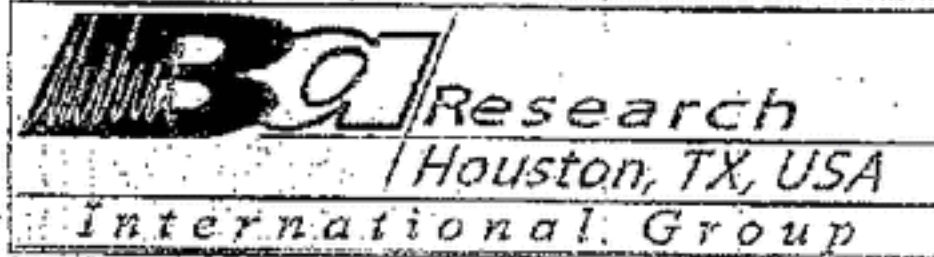
ALL TIMESHEETS DUE TO ACCOUNTING BY

08/08/08 AT 9:00am



PAY PERIOD: 7/27/08 to 8/11/08		EMPLOYEE		SUPERVISOR APPROVAL:											TOTAL					
PAYDAY: Friday, August 15, 2008		Client Code	Study Number	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	
Quest-Pine	05122PKP03								8											16
Dariguan	2077249				8															16
Metformin	508-0144	69										8	8	8	8	8			8	48
Premium Hours:																				
Olmesartan	CR00013450	65							8											28
Hydrocodone																				4
Quest-Pine	05122PKP03																			16
Dariguan	2077249				4															8
Metformin	508-0144														4					
Administrative:																				
Out of office (Appt. etc.)																				16
Uncompensated Time (if no sick or vac available)																				
Holiday																				0.00
Vacation																				
Sick Leave																				8
Bereavement Leave																				
TOTAL HOURS		16			12	12	8	16	16	16	16	8	8	8	12	8			8	164
Extra Hours (unpaid)																				

BA - 0070



"ATTACHMENT C"
Absentee Report

Date of Report: 7/31/08

Name of Employee: [REDACTED]

Leave of Absence: from: 7/30/08 until: 7/30/08

The above referenced employee was absent for work today for the following reason:

- ☒ Illness - Self (if more than 2 days please attach a Doctor's excuse)
- ☐ Illness - Family (please designate who and estimate duration)
- ☐ Vacation
- ☐ Jury Duty (attach copy of notice)
- ☐ Bereavement Leave (Please include description and requested time)
- ☐ Uncompensated Leave of Absence
- ☐ Unexcused Absence
- ☐ Out of the office - From _____ to _____ on (date) _____

Reason:

Signature - Employee

Signature - Supervisor

[REDACTED]

BA - 0071

ALL TIMESHEETS DUE TO ACCOUNTING BY

08/22/08 AT 9:00am



PAY PERIOD: 8/12/08 to 8/26/08

PAYDAY: Friday, August 29, 2008

EMPLOYEE:

SUPERVISOR APPROVAL:

Study Name	Study Number	Client Code	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	TOTAL
METFORMIN	508-0144	69	8	8	8				8	8	8	8	8			8	8	40
Metformin	087-0001460	65				8					8	8	8					48
Premium Hours:																		
METFORMIN	508-0144	69	4	4		4				4	8	8	8					48
Metformin	087-0001460	65	4	4					12	16	8	8	8					76
Administrative: Metformin	44(8/1/08)																	4
Out of office (Appt. etc.)																		
Uncompensated Time (Time Sick or Vacation)																		
Holiday																		0.00
Vacation																		
Sick Leave																		
Bereavement Leave																		
TOTAL HOURS	4		16	16	8	12			20	28	16	16	16			8	8	184
Extra Hours (unpaid)																		

BA - 0072



ALL TIMESHEETS DUE TO ACCOUNTING BY
09/9/08 AT 9:00am

PAY PERIOD: 8/27/08 to 9/10/08		EMPLOYEE:		SUPERVISOR APPROVAL:													
PAYDAY: Monday, September 15, 2008																	
Study Name	Study Number	Client Code	27	28	29	30	1	2	3	4	5	6	7	8	9	10	TOTAL
Wapreya	CAI-00014161	65	8	8	8			4	3	3	8			8	8	8	80
Premium Hours:																	
Wapreya	CAI-00014160	65	11	8	12			8	4	3	4				8		56
Wapreya	208-0144			4													12
Administrative:																	
Wapreya	CAI-00014160	+16 (8/23-24/08)															16
Out of office (Appt. etc.)																	
Uncompensated time (if no sick or vac available)																	
Holiday																	8.00
Vacation																	
Sick Leave																	
Bereavement Leave																	
TOTAL HOURS		16	12	20	20		16	16	12	16	12			8	16	8	180
Extra Hours (unpaid)																	180

BA - 0073

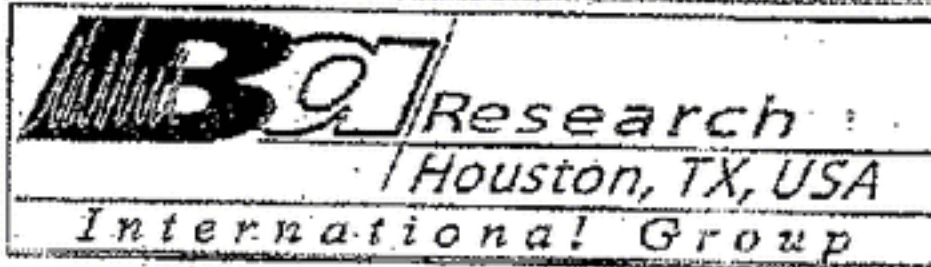
ALL TIMESHEETS DUE TO ACCOUNTING BY

09/24/08 AT 9:00am




PAY PERIOD: 09/11/08 to 09/26/08		EMPLOYEE:		SUPERVISOR APPROVAL:															
PAYDAY: Tuesday, September 30, 2008																			
Study Name	Study Number	Client Code	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	TOTAL
W. J. Research	000100101		8	8										8	8	8	8	8	80
Premium Hours:																			
Administrative: <i>Administrative</i>																			
Out of office (Appt. etc.):																			
Uncompensated Time (if no sick or vac available):																			
Holiday																			
Vacation																			
Sick Leave																			
Bereavement Leave																			
TOTAL HOURS																			
Extra Hours (unpaid)																			

BA - 0074



"ATTACHMENT C"
Absentee Report

Date of Report: 7/18/08


Name of Employee: 

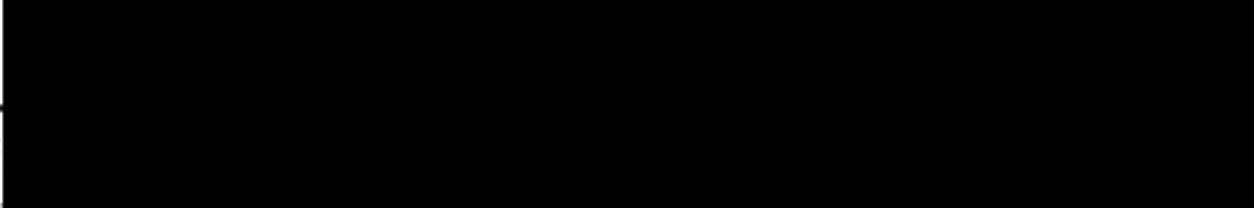
Leave of Absence: from: 7/17/08 until: 7/17/08

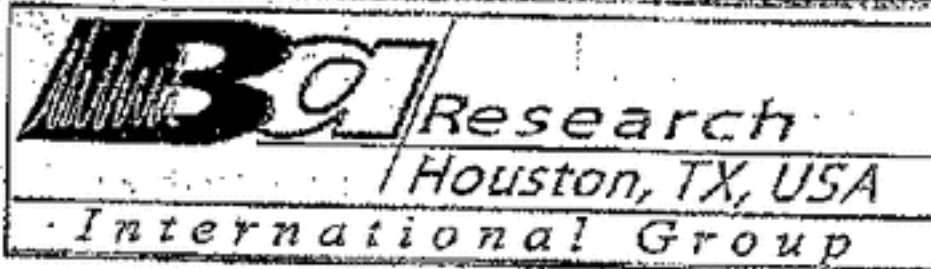
The above referenced employee was absent for work today for the following reason:

- ☒ Illness - Self (if more than 2 days please attach a Doctor's excuse)
- ☐ Illness - Family (please designate who and estimate duration)
- ☐ Vacation
- ☐ Jury Duty (attach copy of notice)
- ☐ Bereavement Leave (Please include description and requested time)
- ☐ Uncompensated Leave of Absence
- ☐ Unexcused Absence
- ☐ Out of the office - From _____ to _____ on (date) _____

Reason:

Signature - Employee: 

Signature - Supervisor: 



"ATTACHMENT C"
Absentee Report

Date of Report:

9/22/08

Name of Employee:



Leave of Absence:

from:

9/19/08

until:

9/19/08

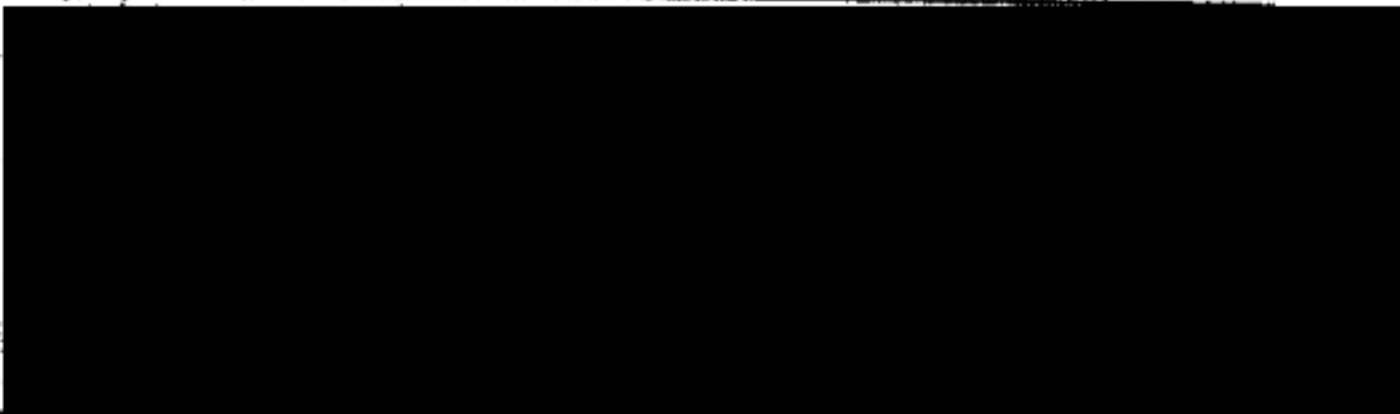
The above referenced employee was absent for work today for the following reason:

- ☒ Illness - Self (if more than 2 days please attach a Doctor's excuse)
- ☐ Illness - Family (please designate who and estimate duration)
- ☐ Vacation
- ☐ Jury Duty (attach copy of notice)
- ☐ Bereavement Leave (Please include description and requested time)
- ☐ Uncompensated Leave of Absence
- ☐ Unexcused Absence
- ☐ Out of the office - From _____ to _____ on (date) _____

Reason:

Signature - Employee:

Signature - Supervisor:



ALL TIMESHEETS DUE TO ACCOUNTING BY
10/09/08 AT 9:00am

[illegible]

BA - 0077



ALL TIMESHEETS DUE TO ACCOUNTING BY
11/10/08 AT 9:00am

PAY PERIOD: 10/27/08 to 11/11/08		EMPLOYEE:		SUPERVISOR APPROVAL:															
PAYDAY: Friday, November 14, 2008																			
Study Name	Study Number	Client Code	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	TOTAL
LidoCaine	047-00011933	65	4	8	8	4	4			8	8						8	8	56
Naloxone	50802594	90										8	8	8			8	8	40
Premium Hours:																			
LidoCaine	047-00011933	65	4		4														8
Naloxone	50802594	90											8	4					28
Administrative:																			
Out of office (Appt. etc.)																			
Uncompensated Time (Time and 1/2 only available)																			
Holiday																			0.00
Vacation																			
Sick Leave																			
Bereavement Leave																			
TOTAL HOURS			12	8	8	8	8			8	8	8	8	8			8	8	132
Extra Hours (unpaid)																			

BA - 0079

ALL TIMESHEETS DUE TO ACCOUNTING BY
11/21/08 AT 9:00am

Research
Houston, TX, USA
International Group

PAY PERIOD: 11/12/08 to 11/26/08		EMPLOYEE		SUPERVISOR APPROVAL															
PAYDAY: Friday, November 28, 2008		Client Code	Study Number	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	TOTAL
Study Name																			
LidoCaine			20080788	8	8	3													24
Quarantine			2115-0801																8
LidoCaine			20080788						8										8
Preparation			20080788																8
			20080788																48
Premium Hours:																			
Preparation			20080788																4
Administrative																			
Malapara			20080788 (11/11/08) + 9																14
Out of office (Appt. etc.)																			
Uncompensated time (if no sick or vacation available)																			
Holiday																			
Vacation																			0.00
Sick Leave																			
Bereavement Leave																			
TOTAL HOURS				8	8	8			8	12	8	9				8	8	96	
Extra Hours (unpaid)																			

BA - 0080



ALL TIMESHEETS DUE TO ACCOUNTING BY
12/9/08 AT 9:00am

PAY PERIOD: 11/27/08 to 12/11/08		EMPLOYEE: [REDACTED]		SUPERVISOR APPROVAL: [REDACTED]											
PAYDAY: Monday, December 15, 2008															
Study Name	Study Number	Client Code	1	2	3	4	5	6	7	8	9	10	11	TOTAL	
Proprietary	BA0864215														
Proprietary	C117A-1104	65	8	8	8									24	
Proprietary	C117A-1103	65			8					8	8	8		24	
Proprietary	P-08-1242													24	
Premium Hours:															
Proprietary	C117A-1104	65	4	4	8	4	4							8	
Proprietary	C117A-1103	65												16	
Proprietary	P-08-1242									4				4	
Administrative:															
Out of office (Appt. etc.)															
Uncompensated time (ill no sick or vac available)															
Holiday														16.00	
Vacation															
Sick Leave															
Bereavement Leave															
TOTAL HOURS			12	12	16	12	12			12	8	8	8	116	
Extra Hours (unpaid)														36	

BA - 0081



ALL TIMESHEETS DUE TO ACCOUNTING BY
12/22/08 AT 9:00am

PAY PERIOD: 12/12/08 to 12/26/08		EMPLOYEE		SUPERVISOR APPROVAL:														TOTAL	
Study Name	Study Number	Client Code	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	TOTAL	
LidoCaine	20080788	171	8					8	8				8	8	8		8	41	
Pentangle	508-0470	50					8			8								56	
Premium Hours:																			
LidoCaine	20080788	171				4												4	
Pentangle	508-0470	50				4		4		4	12	12	8				44		
Administrative:																			
Out of office (Appt. etc.)																			
Uncompensated time (if no sick or vac available)																			
Holiday																			
Vacation																		8.00	
Sick Leave																			
Bereavement Leave																			
TOTAL HOURS			8				16	8	12	8	12	12	16	8	8		8	136	
Extra Hours (unpaid)																			

BA - 0082

